

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09930105

FILING DATE

08-15-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4	/						54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12	/						62						
13		/					63						
14	/						64						
15		/					65						
16	/						66						
17		/					67						
18		/					68						
19	/						69						
20		/					70						
21		/					71						
22	/						72						
23		/					73						
24		/					74						
25		/					75						
26		/					76						
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31		/					81						
32		/					82						
33	/						83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43	/						93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	34	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	43						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Best Available Copy